

Correspondence from the:

Regional Church of Richland County, Ohio & the Richland Community Family Coalition

May 2011

**Dear Health Commissioner Stan Saalman and the
Mansfield-Ontario-Richland County (MORCHD) Board of Health,**

THE ISSUE

Thank you for endeavoring to protect our public health in our community. This past February, a recent decision by your department came to the attention of local clergymen. It is our understanding that according to the MORCHD Board of Health Minutes from February 28, 2011, Mr. Saalman requested Board approval to donate 200 syringes to the Portsmouth City Health Department to support a syringe exchange program (SEP) in Scioto County. According to the Portsmouth Health Department, the concept of this program is to encourage people to quit using used or “dirty” needles, by giving them un-used, or “clean” needles in order to decrease blood-borne pathogens like HIV and Hepatitis C. Consequently, the Board approved this request.

It is also our understanding that at this same health board meeting, equipment disposals were reviewed by the Board, and approved as requested.

INTRODUCTION

On October 28, 2007, citizens representing at least 38 different local Christian congregations marched in downtown Mansfield to show their solidarity in the war against illegal substance abuse in Richland County. This initiative, nicknamed “Project Turn Around,” occurred during a season where: new drug treatment ministries were created,¹ where newfound awareness on the problem of drug addiction took place,² where an increase in citizen involvement in the public arena was observed,³ where increased drug testing in public institutions occurred,⁴ and when a dramatic decline in violent crime was detected.⁵ Clearly the Scriptures of the Bible triggered this newfound church involvement in the war against drug addiction.



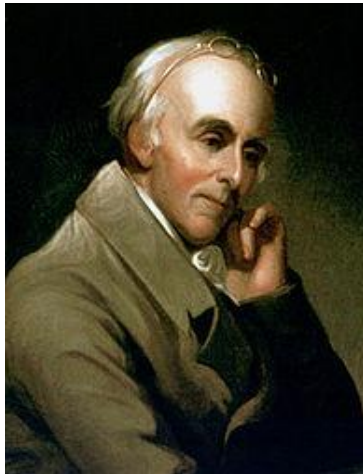
All things considered, many regard the Bible as the original handbook for public health practices. Written between two and three thousand years ago, the Bible records the first public health officers as being the priests (Leviticus 13:12-13). It was the priests who were delegated the responsibility of instituting modern health methods like the quarantine (Leviticus 13:21),

which is used to control contagious diseases, or like circumcision (Genesis 17:11-13), which modern medicine says can prevent disease; these are first mentioned in the Bible.

The acknowledgement that body fluids can be a disease vector (Leviticus 15), the promotion of antiseptics (Numbers 19:18-19), and the promotion of childbirth hygiene (Leviticus 12:1-5), or the discouragement of unhealthy sexual practices (Exodus 12:43-49) all find their origins from the Bible.

Interestingly, a national health policy on food hygiene is found in Leviticus 11, a municipal solid waste plan is described in Deuteronomy 23:12-14, and health inspections to diagnose mold in buildings are outlined in Leviticus 14:33-53.

Strikingly, three distinguished individuals who made significant contributions to the discipline of public health had something in common: they were followers of Jesus Christ, and they applied their biblical beliefs into their vocation. One, Dr. Benjamin Rush, is regarded as “The Father of American Medicine.” Rush introduced medical theory, giving detailed accounts of yellow and dengue fevers, and also led the way in mental health treatment. Louis Pasteur “The Founder of Modern Medicine,” first coined the germ theory of disease and originated the idea of vaccinations. Likewise, Dr. John Snow, “The Father of Epidemiology,” made breakthroughs on cholera and developed anesthesia and medical hygiene.



Dr. Benjamin Rush



Louis Pasteur



Dr. John Snow

Furthermore, because the local church of Jesus Christ has been involved in the war against drug addiction, because the Bible has been a source of many modern practices of public health, and because key pioneers of public health were guided by the wisdom of the Bible, our fellowship of local pastors would like to state our differences on why we oppose the health department’s donation of needles to a syringe exchange program in Portsmouth, Ohio:

POINT ONE:

We believe that it is morally wrong to donate needles to a syringe exchange program (SEP) because it contributes to the mortality of addicted persons.

While some disqualify morality as a rationale for public policy, it is important to note that the health department is under obligation to uphold state law which is found in Title 37 of the Ohio Revised Code, entitled “Health, Safety, and *Morals*,” (Italics ours). It is morally wrong to support a program that contributes to the mortality of substance abuse victims.

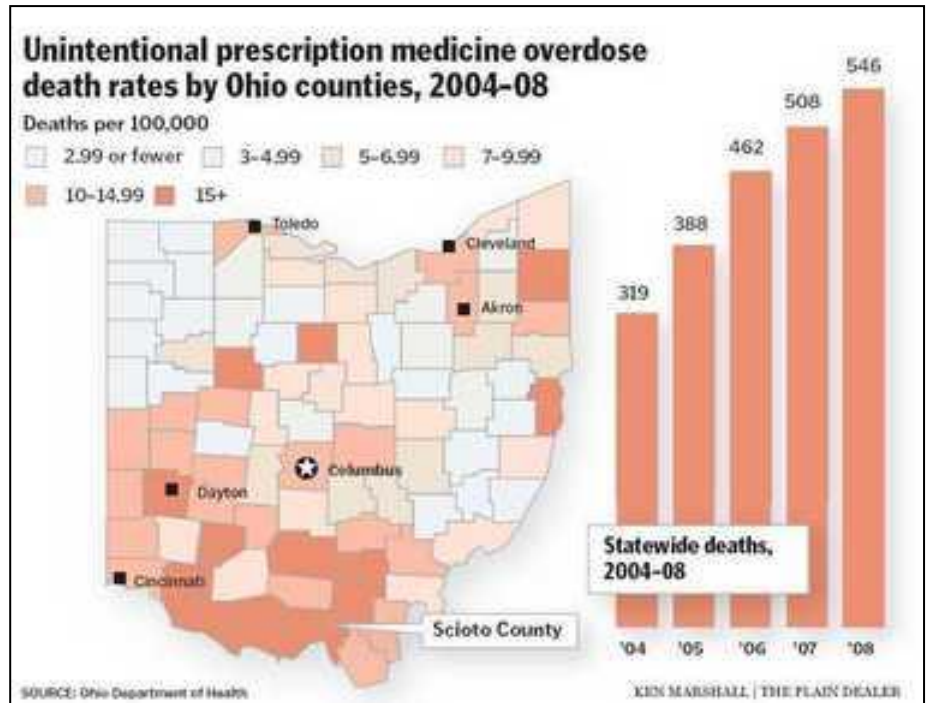
Governor John Kasich has called Scioto County, where Portsmouth is located, “ground zero” in the battle against unintentional drug overdoses, which since 2007 has become the leading cause of accidental death in Ohio. In 2009, 9.7

million doses of prescription painkillers were dispensed in Scioto County~123 doses for every man, woman and child in the county." ⁶

The Richland County Coroners' office states that between 2004 and 2009, seventy-eight persons have died from accidental drug overdose, and twenty-eight persons have died in car accidents that involved drug/alcohol. ⁷

Having said this, SEP's do not save human life, drug addicts are still prone to death, perhaps not from HIV, but from overdose, collapsed veins, or poisoned dope. These programs exasperate problems like drug gang violence, and drug-addicted mothers giving birth to drug-addicted babies.

By not emphasizing behavior change, these victims of substance abuse never assume responsibility for their actions; but rather are enabled to continue them. According to Proverbs 22:3, "A prudent man sees danger and takes refuge, but the simple keep going and suffer for it."



POINT TWO:

We believe syringe exchange programs (SEP) do not conform to the moral standards and rule of law of our community.

According to a local study, it is believed that there are at least 47,000 to 48,000 people who attend a Bible-believing church each weekend in Richland County. ⁸ We as allied pastors of these congregations believe that all government exists because the GOD of the Bible has appointed it. And that appointed government is established with the mandate to reward good behavior and to punish evil behavior (Romans 13:1, 3-4).

On the contrary, distributing syringes to drug addicts sanctions destructive behavior and is a step towards condoning substance abuse. This sends the wrong message to our children and can also endanger them.

SEP's underestimate the fact that violence and criminality are associated with the substance use lifestyle. According to Sheriff Steve Sheldon, nearly seventy percent of all crime in Richland County is directly or indirectly related to substance abuse. ⁹ Heroin and Oxycontin are two drugs of choice that are often abused by needle users. It is calculated that it takes \$50,000 a year to support an Oxycontin habit, ¹⁰ and almost \$40,000 a year to sustain a heroin addiction. ¹¹ Since this is money that the addict normally will not have, the usual pattern is for the addict to resort to crime. There is no question drug addiction will destroy families when all the house money is spent for drugs, lawyers and treatment.

There is also concern that donating syringes could possibly put the health department in legal jeopardy.

In 2005, the Centers for Disease Control reported that forty-seven of the fifty states have laws that establish criminal

penalties for the possession and distribution of syringes.¹² While Scioto County declared a public health emergency within its jurisdiction to establish its SEP, MORCHD did not declare a similar emergency. As a result, since the board publicly stated in its meeting minutes that it was sending syringes to Portsmouth City Health Department, it would be plausible to assume the board also knew that these syringes would be used for the SEP as drug paraphernalia. Consequently, it may possibly be subject to the Ohio Revised Code (ORC), Chapter 2925.14 (C) (2) for dealing drug paraphernalia, a second degree misdemeanor. This rule states that:

“No person shall knowingly sell, or possess or manufacture with purpose to sell, drug paraphernalia, if the person knows or reasonably should know that the equipment, product, or material will be used as drug paraphernalia.”

Ironically, in 2010, an appellate court ruled that Atlantic City and its employees for a SEP are not exempt from the Criminal Code provisions prohibiting the possession, use and distribution of drugs and drug paraphernalia.¹³

POINT THREE:

We believe there is a lack of credible evidence that syringe exchange programs (SEP) actually prevents the transmission of HIV and Hepatitis C as some reports suggest.



According to Jesus in his “Sermon on the Mount,” he stated that, “Every good tree bears good fruit, but the bad tree bears bad fruit. A good tree cannot produce bad fruit, nor can a bad tree produce good fruit,” (Matthew 7:17-18). Based on this text, it should come to no surprise that participating in the “necessary evil” of handing out drug paraphernalia to reduce blood borne pathogens in reality will not yield good results. Reports that suggest otherwise are many times not peer-reviewed, and the data unreliable. This is because the data may be based on confidential HIV patient lists where there is no way to verify accurate results.

One of the best nonpartisan, evidence-based reviews of needle exchange programs was released in July 2001 by The Children’s AIDS Fund in Washington, D.C., written by Fred Payne, M.D. He reviewed hundreds of reports published from 1994 through mid-2000, available through the National Library of Medicine’s online database, Medline. Only six of the studies, by their design, could provide a credible measure of the effectiveness of SEP’s in preventing or reducing HIV transmission among injection drug users. None supported the concept that syringe exchange programs could effectively prevent or reduce the transmission of HIV, Hepatitis B virus, or Hepatitis C. Please see the attached document by the New Jersey Family Policy Council for more information regarding this subject.

POINT FOUR:

We believe the best way to reduce the incidence rates of HIV and Hepatitis C in a community is to utilize faith based programs that are founded upon the principles of the Bible and the good news of Jesus Christ.

With intravenous drug use found to be the number one risk factor in Portsmouth, Ohio for Hepatitis C,¹⁵ drug treatment with a proven track record of success and affordability is needed. While treatment centers abound due to the burgeoning drug addiction crisis, federal and state governments most notably over the past decade have recognized faith-based drug treatment as having a higher degree of success compared to other drug treatments.

One faith-based alternative, Teen Challenge which receives no funding from the government and has over two hundred facilities nationwide, has used a one-step with Jesus approach for over forty years. A 1975 Federal Study of Teen Challenge in Rehrersburg, Pennsylvania found a 70% success rate for those who graduated from the program seven years earlier.¹⁶

Later in a 1994 study by the University of Tennessee the study found 67% of graduates from Teen Challenge, Chattanooga were abstaining from alcohol and drugs.¹⁶

This Teen Challenge approach highlights the difference between a SEP and a faith-based treatment. While a SEP does not deliver a person from drug addiction, or reduce crime, or by many credible accounts even reduce HIV and Hepatitis C incidence rates, the Gospel of Jesus Christ differs in that it is holistic in nature, addressing the body, soul and spirit of a person.

According Isaiah 61:1-2, “He has anointed me to preach good news to the poor, to bind up the broken hearted, He has sent me to proclaim freedom for the captives, and release from darkness the prisoners, and to proclaim the year of the LORD’s favor.”

Freedom for the captives can mean lasting freedom. In 1999, a three-year research study supervised by Northwestern University (Chicago) concluded that 86% of those who completed the Teen Challenge program remained free of drugs. The study shows conclusively that Teen Challenge graduates, whether returning to a productive lifestyle or living in society in a healthy way for the first time, are far more successful than their publicly funded drug treatment counterparts. The study shows that, in contrast to their publicly funded treatment group, most Teen Challenge students lead normal lives after graduating, holding down full-time jobs and very rarely needing to return to treatment.¹⁷

CONCLUSION

It is the intent of this correspondence to ‘draw a line in the sand,’ to communicate our overall disapproval of syringe exchange programs, and to advise the Mansfield-Ontario-Richland County Health Department in the future to dispose of syringes in a sanitary manner rather than donating them for future illicit use. As the conscience of the community, we believe that biblical faith can be injected into everyday life and produce successful results. Band-aid solutions like a syringe exchange program will only lead the victims of drug addiction into a never-ending circle of tragedy that will cost precious lives. As ambassadors of Christ and leaders in the faith community, this is our duty and responsibility to speak out. Thank you.



The face of heroin addiction: before and after



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Figure 1 from: "Unintentional prescription medicine overdose death rates by Ohio counties, 2004-08" map by Ken Marshall of Cleveland Plain Dealer, source from Ohio Department of Health.

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12 Syringe Exchange Programs, December 2005, CDC report, p. 3

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14 Attachment: "Needle Exchange Programs: Multiple Problems, Unproven Results" Family Findings, Volume 3, Issue 1 New Jersey Family Policy Council, p. 1.

Figure 2 New Jersey HIV/AIDS Quarterly Newsletter, New Jersey Department of Health and Senior Services, Division of AIDS Prevention and Control, September 30, 2001.

15 "Scioto County Ranks First In Hepatitis C Cases" by Frank Lewis Portsmouth Daily Times, February 2010

16 A Review of a Study by Dr. Aaron T. Bicknese, "The Teen Challenge Drug Treatment Program in Comparative Perspective"p. Copyright © 2011

Teen Challenge of Arizona 19 PO BOX 5966, Tucson, AZ 85703, 800.346.7859 The study, published in June, 1999, is a comparison of treatment effectiveness in drug and alcohol rehabilitation centers, and was conducted by Aaron T. Bicknese, then a Ph.D. student at Northwestern University The Teen Challenge graduates were selected from a nationwide sample comprised of adult non-adolescent male graduates of the three largest Teen Challenge programs: Rehrersburg, Pennsylvania, Cape Girardeau, Missouri, and Riverside, California. While there is variation between these three centers, the curriculum, rules and general program structure between the sites are uniform. Dr. Bicknese conducted his study with an experimental group, the clients of Teen Challenge (TC), and a comparison group, the clients of Short Term Inpatient Programs (STIs). (This group is commonly referred to as the "STI/AA" group because the clients of STIs are encouraged to attend Alcoholics Anonymous upon graduation.) Only graduates from both groups were compared.

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Photo:<http://www.google.com/imgres?imgurl=http://www.thegooddrugsguide.com/files/images/heroin%2520addict1.jpg&imgrefurl=http://www.thegooddrugsguide.com/gallery/before-and-after-drug-abuse/heroin-abuse/awful-transformation-after-abusing-heroin.htm>

